

SERIAL NO.	FILING DATE	MULTIPLE DEFENDANT CLAIM FEE CALCULATION SHEET	FOR USE WITH FORM PRO-875 (APPLICANTS)
577437	9-4-90		

CLAIMS					
1	2	3	4	5	6
IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
*	*	*	*	*	*
61	62	63	64	65	66
58	59	60	61	62	63
57	58	59	60	61	62
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5	6	7	8	9	10
4	5	6	7	8	9
3	4	5	6	7	8
2	3	4	5	6	7
1	2	3	4	5	6
IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
1st AMENDMENT	2nd AMENDMENT	AFTER	AS FILED	IND. DEP.	IND. DEP.